DOCUMENT RESUME

ED 229 465 UD 022 717

TITLE	The Spanish Family Guidance Center of Miami.
INSTITUTION	Fordham Univ., Bronx, N.Y. Hispanic Research Center.
SPONS AGENCY	National Inst. of Mental Health (DHEW), Rockville, Md. Center for Minority Group Mental Health Programs.
PUB DATE	Oct 79
GRANT	1-RO1-MH-30569-03
NOTE	11p.; This issue of the Hispanic Research Center: Research Bulletin was prepared by the Spanish Family Guidance Center, Miami, Florida.
PUB TYPE	Reports - Descriptive (141) -- Collected Works - Serials (022)
JOURNAL CIT	Hispanic Research Center: Research Bulletin; v2 n4 Oct 1979
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Acculturation; *Behavioral Science Research; Counseling Techniques; Cubans; *Drug Rehabilitation; Environmental Influences; Family Counseling; *Hispanic Americans; Mental Health; *Mental Health Programs; Mothers; Older Adults; Program Descriptions; *Psychiatric Services; Staff Development
IDENTIFIERS	Florida (Miami); *Spanish Family Guidance Center FL

ABSTRACT

Two major programs of the Spanish Family Guidance Center, a facility that addresses the mental health needs of Hispanics in the Greater Miami (Florida) area, are described in this report. One program, the Spanish Drug Rehabilitation Project (completed in 1977), compared a series of activities including: (1) research on the characteristics of Hispanic drug abusers, Cuban mothers who use drugs, and dropouts from treatment programs; (2) development and application of a psychosocial model of Hispanic immigrant acculturation; (3) development and testing of a family-oriented drug abuse treatment model; (4) studies on ecological (involving client-ecosystem relationships) versus intramural (involving client-counselor relationships) approaches for individual and family therapy; and (5) inservice staff training. A second program, the ongoing Model Project for Enhancing Meaning of Life for Hispanic Elders, has developed and is applying a model counseling approach that attempts to make life more meaningful for the Hispanic elderly through exploration of the client's life, values, and feelings by the client and counselor; a review of the client's ecological system; and the formulation of treatment interventions and new experiences based on the reviews. This journal issue discusses activities, outcomes, and research findings of the two programs, and describes the Spanish Family Guidance Center's present status and future plans. (MJL)

ED229465

RESEARCH BULLETIN

Hispanic Research Center

Fordham University, Bronx, New York 10458

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OCTOBER 1979 — **Vol 2-No. 4**

The Spanish Family Guidance Center of Miami

Research on Innovative Treatment Modalities for Hispanics

Fordham University's Hispanic Research Center was established as an interdisciplinary institution to conduct research on mental health issues affecting all ethnic groups within the Hispanic category. In line with this policy past issues of the *Research Bulletin* have presented the findings of research studies conducted in Puerto Rico, the Dominican Republic, and Mexico. This issue of the bulletin is devoted to describing the work of the Spanish Family Guidance Center with a primarily Cuban population in Miami, Florida. The current members of the senior staff at the Center are: Jose Szapocznik, Director; David Santisteban, Associate Director; Mercedes A. Scopetta, Scholar of the Center; Olga E. Hervis, Clinical Director; and Angela Rodriguez, Community Services Director. The Spanish Family Guidance Center began operation in 1972 and has served over 2,000 Hispanic clients in the Greater Miami area.

In 1978 the Spanish Family Guidance Center received the Community Agency Award for "Creative Leadership in Service Development and Community Service" from the National Coalition of Hispanic Mental Health and Human Services Organization (COSSMHO).

The Spanish Family Guidance Center bases its work on the premise that service delivery modalities for Hispanics necessitate a culturally sensitive approach. In other words, the treatment of persons from an Hispanic cultural community requires services that are matched with the values of the client population, and a specially trained bilingual staff, familiar with the problems of Hispanic clients. Cultural relativity and sensitivity to ethnic diversity has been an important part of the Center's attempt to bridge the communication gap that otherwise poses an obstacle to effective detection, client involvement, and treatment for Hispanics. Because it will not be possible to describe in detail all the work that has been carried out at the Center since it began operation, this report will describe two of the Center's major projects. The first, which was completed in 1977, is a drug rehabilitation research project targeted at Hispanic drug abusers and misusers. The second, which is in its third year, is a model project for enhancing the meaning of life for Hispanic elders. Before describing the projects it will be helpful to present a description of the setting within which the Center operates.

The Greater Miami area in Dade County is located in the southeast corner of Florida and contains large clusters of Hispanic populations primarily of Cuban extraction. Current estimates indicate that Dade County's Cuban population is over 500,000 or one third of the county's total population. This Cuban influx has, within the span of two decades, brought about the "Latinization" of large areas such as the cities of Miami and Hialeah.

The first large arrival of Cubans occurred between 1959 and 1962, after Fidel Castro came to power in Cuba. The middle and high socioeconomic classes of Cuba were represented in this first group of Cuban immigrants: entrepreneurs, professionals, managers and businessmen. With their skills and experience, many of these families rapidly achieved upward mobility.

A second major wave of Cuban immigration occurred from 1966 to1972 and was composed of skilled, semiskilled, and unskilled workers. As the earlier and more affluent Cuban immigrants moved to new sections of the county, the poorer, more recent immigrants took their places and concentrated in high density Hispanic areas such as Little Havana and Hialeah.

The massive influx of Cubans into Dade County presented two major problems for providers of mental health services. First, as several studies have documented, Hispanics in general underutilize traditional Anglo-American oriented treatment programs. Second, immigrant groups in the United States have been characterized by high levels of family disruption, behavioral disorders, and substance abuse. The need for culturally sensitive treatment services was thus particularly critical for Cubans in Dade County at the time the Center began its operation.

Copies of the Hispanic Research Center's monograph, *Hispanic Intermarriage in New York City: 1975*, by Joseph P. Fitzpatrick and Douglas T. Gurak may be ordered from Ms. Elizabeth Ospina, Hispanic Research Center, Fordham University, Thebaud Hall, Bronx, New York 10458

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Spanish Drug Rehabilitation Research Project

Principal Investigator:
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Research Director:
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Clinical and Training Director:
Olga E. Hervis, MSW

Recognizing the special needs of Hispanics in Miami, the Division of Addiction Sciences of the University of Miami in collaboration with Dade County's Comprehensive Drug Program established the Drug Rehabilitation and Referral Services in Spanish Neighborhoods, under funding from the Office of Economic Opportunity (OEO). After the demise of the OEO, the project continued under the auspices of the Services Research Branch of the National Institute on Drug Abuse. The Spanish Drug Rehabilitation Research Project was originally funded in 1974 with the objective of conducting a series of programmatic research studies to identify the drug-abuse treatment needs of local Hispanics and to develop, establish, and evaluate the effectiveness of a psychosocial treatment model with drug abusing Hispanics.

The project was implemented through two clinical settings located in highly populated Hispanic communities. One of these was in the Little Havana area, the cultural and political heart of the Cuban community. The other clinic was located in the Wynwood area, in 1974 the cultural and political center of Dade County's Puerto Rican community.

Client Characteristics

Senior Researchers:
Robert Ladner, Ph.D.
Mercedes Scopetta, Ph.D.

The initial target population was the young Hispanic drug abuser. As the project developed, however, it was noted that the conventional pattern of youthful experimentation with hallucinogens and hard narcotics was not present in the population serviced by the Center. Instead there was a high incidence of marijuana use among the Cuban youth and indications of a growing rate of methaqualone abuse. Along with drug abuse among the young, there was associated substance involvement by parents, most commonly tranquilizers among women and alcohol among men. These adult patients frequently failed to acknowledge a substance-related problem either because it was culturally sanctioned as in the case of tranquilizer abuse or because it was stigmatized as in the case of alcohol abuse. Only by conceptualizing substance abuse as a family problem would clients permit attention to be directed toward reducing some of the dysfunctional aspects of drug use in both parents and children. Data on the client characteristics indicated that age, sex, and acculturation level were strongly related to substance abuse. Young abusers were more frequently involved with marijuana and older abusers with barbiturates. Men tended to use marijuana, alcohol, and barbiturates, while women tended to use sedatives and tranquilizers. The data also indicated that high levels of acculturation tended to be associated with marijuana use and low levels of acculturation with tranquilizer use.

Cultural Specific Problems: Acculturation

Senior Researchers:
Jose Szapocznik, Ph.D
Mercedes Scopetta, Ph.D

An important goal of the Spanish Drug Rehabilitation Research Project was to identify the specific problems of Hispanic immigrant populations that have direct implications for treatment modalities. One such problem is the disruptive effects of the acculturation process on the family. Clinical experience with the Cuban immigrant community indicated that the acculturation process is an important variable that produces disruption which leads to behavioral disorders in family members. Work with Cuban families further indicated that since youngsters acculturate more rapidly than their parents, family disruption occurs as a result of intergenerational differences.

A psychosocial model of acculturation was developed by the staff of the Center to account for the occurrence of intergenerational/acculturation differences and consequent family disruption. According to this theoretical model, individual acculturation is a linear function of the amount of time a person has been exposed to the host culture and the rate at which the acculturation process takes place is a function of the age and sex of the individual. Furthermore, two aspects of the process of acculturation itself were differentiated: the process as it takes place along an overt behavioral dimension of functioning and the process as it takes place with respect to internalized value orientation.

In order to investigate the characteristics of the model of acculturation, two factorially derived acculturation scales were constructed: a self-report behavior scale and a value orientation scale. A total of 582 non-clinic subjects were used to construct the scale, including 334 Cuban-Americans and 284 white Anglo-Americans. Three additional studies were conducted to provide evidence for the validity of the acculturation model. The first study examined the relationship between length of exposure to the host culture and acculturation. As predicted by the model, behavioral and value acculturation were highly related to the amount of time a person had been exposed to the host culture. The second study examined the relationship between age and the rate of acculturation. Again, consistent with the model, the rate of behavioral acculturation was negatively related to age. The third study investigated the relationship between sex and the rate of acculturation. As predicted by the model, men tended to acculturate more quickly than women. The results of these studies provide strong evidence for the validity of the acculturation model.

Acculturation, as conceptualized by the model, sheds light on the process that leads to the development of the clinically observed intergenerational acculturational differences within Cuban immigrant families. Specifically, intergenerational differences in acculturation develop over time because younger members of the family acculturate more rapidly than older family members. The model also predicts that the most severe intrafamily differences in acculturation occur between young males and their mothers.

The model thus suggests that the critical etiological source of widespread behavior disorders and family disruption in Cuban immigrants is the development of marked intergenerational differences in acculturation within the traditionally closely-knit nuclear family. Research findings at the Spanish Family Guidance Center indicate that when these intergenerational differences develop in Cuban families with adolescent members, the ensuing conflicts frequently manifest themselves in behavioral disorders, particularly in antisocial behavior and illicit drug abuse of the adolescents, or in licit drug abuse of the mothers.

How does this happen? Apparently, when intergenerational differences arise, the parents experience alienation from their highly acculturated children, and the children, in turn, experience alienation from their poorly acculturated parents. In an effort to cope with these differences, the parents attempt to restrict the process of acculturation in their children. However, such attempts further alienate the youngsters from family interactions and the values of the Cuban culture, precipitating a rejection of the parental lifestyle and a fuller adherence to the behavior characteristics of the host culture. Throughout this struggle, parental authority is challenged and may become invalidated in those cases in which marital conflicts impede the effective functioning of the parents in the parental roles.

Outcome Research

Since acculturation-related problems tend to become manifest within the family, a treatment model based on a family-oriented approach appears to be desirable. Since Cubans value an orientation which avoids transacting with extrafamilial systems in order to modify detrimental environmental circumstances, an ecological conceptualization of service delivery seems indicated. The treatment model developed at the Center was based on a social ecological model and a general systems approach. These terms refer to a way of thinking and style of operation that offered the flexibility needed to explore and design innovative treatment approaches to meet the Hispanic drug-abusing population's needs at many ecological levels. This approach also permitted consideration of family as well as non-family systems in the etiology and treatment of drug abuse and was easily adaptable to all social classes, acculturation levels, and types and degrees of psychosocial dysfunction.

In order to test the effectiveness of this treatment approach, which is called the Ecological and Family Systems Model, it was necessary to, first, determine if the model was effective for Hispanics and, second, to demonstrate its effectiveness relative to more traditional psychological methods of treatment. For this purpose research studies were conducted to submit the Ecological and Family Systems Model to rigorous experimental investigation. Appropriate control groups based on more traditional client-limited approaches to therapy were included in the experimental design. The studies were carried out between 1974 and 1977 and involved several hundred subjects.

Research on Individual Ecological Therapy

Senior Researchers:
Jose Szapocznik, Ph.D
Mercedes Scopetta, Ph.D

The experimental variable in this study was ecological versus intramural treatment modalities. The difference between these two models can be defined in terms of the relationship between the therapist and the client. The ecological approach was conceptualized within a systems framework. The most salient characteristics of this approach were that: (1) the therapist assessed the client needs by obtaining information about the individual's functioning from various relevant systems in the client's ecological context; and (2) treatment consisted of therapeutic interventions between the client and those systems which were most amenable and/or in most need of therapeutic interventions. The therapist intervened in the dysfunctional aspects of the client's ecological functioning in order to improve them. For example, the therapist would make direct contact with a client's probation officer, teacher, or employer. The therapist might also intervene directly to help clients deal with problematic familial relations. In this condition, treatment also included a therapist/client relationship as in the other modality, in addition to the possiblity of intervening at the interface between the individual and other systems in the client's environment.

In the intramural approach, therapeutic interventions were structured to take place within the relationship between the individual and the therapist. If it became necessary to manipulate an environmental variable, it was done by mobilizing the client's resources in such a way that the client himself could manipulate that environmental variable.

A total of 242 clients were originally assigned to this study. However, complete post-test data was available for a total of 118 clients. The clients presented themselves for treatment at one of the two clinics of the project. Adolescents whose families were willing and available to undergo family therapy were assigned, when treatment slots were available, to the family therapy research study that will be described next. All other patients were assigned to the individual therapy study. The population included in this study is, therefore, slightly biased compared to the total population of the clinic in the direction of an underrepresentation of adolescent clients.

Results

The results obtained when the data were analyzed for all clients revealed highly significant differences between the client's initial and post-treatment levels of psychosocial dysfunction, providing evidence that clients involved in the outcome study derived significant therapeutic benefits. When the data were analyzed by treatment modality, the hypothesis that individual ecological treatment would be more effective than intramural treatment was not confirmed. However, the results suggest that the ecological approach was more effective than the intramural approach in reducing dysfunction within certain segments of the outcome sample. In particular, young men (19-30 years old) displayed greater reductions in dysfunction when treated with an ecological as compared to an intramural approach. These findings were not unexpected, since it had been hypothesized that ecological treatment effect would be especially pronounced for subjects under 30 years of age, because the ecological systems of younger subjects are more amenable to meaningful extramural interventions. Contrary to predictions, young women generally derived greater therapeutic benefits in terms of reduced dysfunction when treated with an intramural approach, thus suggesting that young Hispanic women's needs are most appropriately met by more conventional intramural approaches with a relatively nonintrusive therapist.

These findings may be partially explained by the different patterns of illicit drug use in young men and women. Young adult males, as compared to females, were associated with a greater use of narcotics, narcotic-containing substances, and consciousness-expanding substances, and also were substantially represented in a polydrug-use category. The greater therapeutic success of young men receiving ecological as compared to intramural treatment may have resulted because of the probability that ecological interventions are more effective in the treatment

of clients with severe illicit drug-use patterns. Clinical experience indicates that interventions involving the legal and educational systems more naturally occur in cases involving more severe drug abuse. In fact, many of the cases were referred to the project by the legal system specifically to deal with drug abuse problems, with continued contact with the legal system being an intrinsic element of treatment. Consequently, many clients referred specifically for substance abuse problems are more amenable to ecological interventions.

The effects of the client's pretreatment level of subjective distress as measured by the PSS on treatment effectiveness were also assessed. A major finding was that there was a tendency for clients initially experiencing little subjective distress to reduce drug use to a greater extent in the ecological condition, while clients initially experiencing high levels of subjective distress responded better to an intramural approach in terms of reduced drug use. In fact, among subjects exposed to an intramural approach, drug reduction was directly related to initial level of subjective distress. This latter finding is consistent with clinical and research evidence frequently cited in the literature indicating that clients experiencing high degrees of subjective discomfort are "well motivated" and more successful in traditional psychotherapy. The interaction effect also implies that less motivated clients may respond more favorably to a more direct and active therapeutic approach such as the ecological treatment model, which addresses the client's ecological system in addition to his intrapsychic conflicts.

These findings thus suggest that clients with certain characteristics are more likely to achieve greater therapeutic gains in ecological rather than individually focused treatment. Client characteristics which may indicate the choice of the ecological modality include: relatively low level of subjective distress at admission, awareness of drug problems, and general amenability to ecological interventions. However, it appears that young women, especially those abusing one or more licit drugs, are more appropriately treated with a traditional, intramural approach. Client characteristics which may indicate the choice of the intramural modality include: relatively high level of subjective distress at admission and lack of awareness of a drug problem.

Research on Family Ecological Therapy

Senior Researchers:
Mercedes A. Scopetta, Ph.D
Olga Hervis, MSW

The experimental variable in the Family Ecological Therapy study was ecological versus intramural family therapy. The essential difference between the two treatment conditions concerns the range of interventions available to and required of the therapist. In the intramural condition, therapeutic interventions were structured to take place within the relationship between the therapist and the family in treatment. For example, in a family in which the drug abuser presented school problems and the parents felt powerless to help their child improve in school, the therapist might encourage the parents to take more interest in the problem and increase their authority. Behavorial options including a meeting at the school for the parents and certain teachers might be discussed, but the therapist would not directly intervene himself.

In the ecological system, on the other hand, the therapist initiated actions aimed at improving the family member's relationships to particular ecosystems outside of the family. Therapists treating families in the ecological condition were also permitted to utilize the techniques of the intramural condition. However, a distinguishing feature of the ecological condition was that the therapeutic system included not only the therapist and the family members, but also representatives of ecosystems with whom the family had dysfunctional relationships. For example, the therapist would make direct contact with the school teachers and counselors of the drug abuser in the family mentioned above, if that person was having problems in school. The therapist might arrange a psychological evaluation aimed at clarifying educational needs and vocational aptitudes so that the drug abuser's functioning in the school could be improved. The therapist might also intervene directly to help the parents become more involved with school personnel, perhaps by acting as an advocate of the family at meetings with school authorities.

A description of the families treated by the project presents a complex picture. The identified patient in the family was most frequently an abuser of illicit drugs from 12 to 19 years of age. In many instances, however, an older sibling or a parent or grandparent were found to be misusing stimulants, sedatives, and tranquilizers. Living arrangements of the family were frequently unstable, and a large proportion were one-parent families, often with a grandparent living at home.

The acculturation process frequently resulted in the development of exacerbated intergenerational/acculturational gaps, with the youngsters exhibiting a higher level of acculturation than the parents. Conflicts arising from issues of cultural adaptation were not only present within the family system but also evidenced in these families' attempts at dealing with extrafamilial systems, primarily the educational and judicial. Families would invariably use the identified patient as a scapegoat so much that it prevented their dealing with other problems. In general, conflict resolution was prevented by permitting one issue to overlap another (conflict diffusion) so as to confound the situation and block any possibilities of resolution. The parental subsystem's power or authority was greatly weakened, thus permitting the adolescent to rebel. In many cases, mothers tended to resort to tranquilizers to alleviate the stress.

Families where the primary drug use was the abuse of tranquilizers by the adults were characteristically less acculturated; they tended to avoid open disagreement; they manifested depression and pessimism; and they were more likely to live in extended family settings. As a whole, there was a dysfunctionally high level of sensitivity and dependence (enmeshment) among the members, a level that prevented healthy differentiation or separation of individuals and/or subsystems. Typically in these families, the adolescent would rebel and rely extensively on his peer system for support in separating. In extreme cases the family would become fragmented when its members became alienated from each other, and ceased to function as a unit.

A total of 107 families took part in the Family Therapy study. Of that number, 74 families were involved in the pilot phase of the study, which was designed to explore appropriate family therapy intervention modalities and to identify and evaluate instruments that were appropriate for use with Hispanic populations. Renowned family therapists from all over the country were invited to give workshops or were visited by the Center's staff. This search for a theoretical model that

could be adapted to the local Hispanic population resulted in the adoption of the major features of structural family theory and therapeutic modality. The conceptual framework chosen was based on structural family therapy theory as developed by Salvador Minuchin and his colleagues at the Philadelphia Child Guidance Clinic.

The outcome study itself involved 33 families, with a total of 123 family members. Of these, 44 family members were drug abusers. The families were all Hispanic and had migrated within the last 17 years. Families meeting admission criteria (i.e., an adolescent in the family, entire family willing to come for treatment) were randomly assigned to either ecological or intramural treatment.

Results

The results revealed that families in the study exhibited highly significant improvements in all six ecosystems investigated: educational, occupational, peer, judicial, social services, and recreational. The consistently significant improvements exhibited by families in the study indicate that the family therapy approach was effective in producing changes which generalized across relevant behaviors in a number of ecosystems.

Specific changes in the drug use patterns of the identified patients and other family members reporting substance abuse at admission were also investigated. These analyses revealed that following treatment the number of clients reporting a drug problem of any kind declined from 44 to 19. In addition, following treatment those clients who continued to abuse drugs indicated a change in their primary drug to a less damaging substance (e.g., inhalant or barbiturate to marijuana).

When the data were analyzed by treatment modality, the hypothesis that families and identified patients would exhibit greater improvement when treated with an ecological rather than an intramural approach was not confirmed. Although both conditions were highly effective there were no significant differences on any outcome between conditions. One possible explanation for the absence of significant differences between the two conditions may be the power of family therapy in this population. All families in the study were willing to participate in and apparently saw a need for family therapy. In most cases, the family ecosystem was a primary area of dysfunctioning. Regardless of treatment condition, identified patients displayed highly significant reductions in drug abuse and other symptoms as a result of family therapy. In other words, the absence of a significant difference between the ecological and intramural family conditions in this study may be due to the possibility that identified patients in both conditions were actually receiving an ecological intervention (i.e., family therapy) which was of overriding importance.

This interpretation is supported by the findings of the individual outcome study. For the young male heavy drug user the individual ecological approach, which typically included family therapy, proved to be more effective. Thus, taken together, the results of the individual and family outcome studies provide substantial support for the efficacy of family therapy in the treatment of this client population.

Special Problems

During the course of developing the treatment model used at the Spanish Family Guidance Center, several special problems arose. These problems, which included staff training, dropouts from treatment, and the special needs of acculturating families, will be described below since they are important issues to consider in developing culturally sensitive treatment modalities.

Staff Training

Training Director:
Olga (King) Hervis, MSW

In order to effectively meet the research commitment of the project as well as the goal of providing culturally sensitive treatment modalities, the staff of the Center had to undergo an extensive and intensive inservice training program. Concurrently, the clinical operation of the Center was structured so that resources could be mobilized in service of the project's objectives. The general goal of the training program was simple: Therapists had to be taught the principles and practice of good clinical research by developing in them a flexible repertoire of diagnostic, treatment, and research skills and a high awareness of ethnic differences and similarities.

The complexity of the training task, however, was compounded by the nature of the staff itself. There were researchers who had little or no clinical expertise, as well as clinicians with no research knowledge. Some were medically and psychiatrically oriented, while others worked only from a sociological and cultural frame of reference. Some had terminal professional degrees, others were recent college graduates or paraprofessionals. A large number felt primarily service commitments to the community, while others focused their attention on research and academic pursuits. It was felt that this mixture was not a detriment; rather it offered a richness and fullness to the work and the program's capabilities to meet the training challenge. As a result of the training program an emphasis on learning evolved that did not limit itself to formal training situations, but extended further to informal social situations.

Training also addressed directly the problems encountered in the patient population, that is, their rather high levels of dysfunction. Because of the pressing demands from the community for service to a population that had been greatly underrepresented in the Anglo service delivery system, the project found itself frequently readjusting its role in terms of structure and skills as clinical researchers. Procedures had to be instituted which would meet the needs of both clinical and research intakes, of staffing patterns, of case assignments to therapists and to research conditions, of cross referrals and coordination with other community agencies.

For the most part professions and institutions have been notoriously unresponsive to the demonstrated needs of specific ethnic groups and are highly unimaginative when asked to develop innovative approaches to their problems. As a consequence, professional training in the campuses shows clear cultural lags and has to a great extent ignored the question of accomodating knowledge and skill to the idiosyncratic needs and ways of Hispanic populations. The training program developed at the Center aimed at standardizing the therapists' interventions and integrating cultural components into all aspects of their functions. For instance, we could not afford to teach simply family therapy; the program had to teach family therapy with Hispanic families. Training could not just acquaint them with community resources; it had to show how they were to be effectively used on behalf of the alienated Hispanic client.

From intake through termination and follow-up the program did its clinical research and community work in a manner that responded to the specific needs of the Spanish-speaking people and that proved acceptable and efficacious to them.

The skills taught during the course of the training program can be classified into four categories: clinical, negotiative, collaborative, and evaluative. The clinical skills included intake assessment, psychosocial diagnosis, crisis management, and treatment. The negotiative skills pertained primarily to the disposition and referral processes, including the expectation that the clinician would follow up all referrals in order to guarantee their effectiveness. By assisting the alienated Hispanic client to negotiate complex institutional mazes in order to obtain appropriate help and social services, the counselor was introduced to the roles of expediter, facilitator, advocate, and cultural bridge. The experience of serving in a consultant capacity to other agencies in a community was included as part of a teaching forum that focused on the evaluation and use of community resources as alternatives to traditional clinical care. Finally, the evaluation and research components of this program demanded skillful administration of research instruments and analysis of research data, as well as an effective process of feedback between the front line workers and the research staff.

There was another aspect to the training needs of the program which was directly related to the Hispanic style of seeking help. The Hispanic clients came to the agency only when the situation they confronted was a crisis.

The staff was trained to individualize crises as a learning dilemma, that is, a situation for which the client had not learned adequate coping behaviors. The strategy of the helper was to use the crisis situation to encourage the development of appropriate new behavioral patterns in the client. To achieve this, it was essential for the counselors to learn a diagnostic evaluation process which provided an understanding of the precipitating circumstances of the crisis as well as the coping potentials of the client. Once this diagnosis was achieved, the counselor needed to revive and strengthen coping abilities, or to teach new ones.

An intensive inservice training program thus served to provide the Center with the culturally sensitive staff it needed in order to carry out its goal of developing innovative treatment modalities.

Treatment Dropouts

Senior Researcher: Cecilia Alegre, Ph.D.

A second special problem associated with the research project was clients who failed to complete the individual treatment program. While there were very few dropouts from the family therapy study, there was a significant number of clients who began treatment in the individual therapy study, but on whom post-treatment data was not available. Many of the clients had completed treatment, yet they were unwilling to come back for post-treatment measures. Many others dropped out before the end of the study. Since treatment dropout was a concern within the project, a separate study was conducted to examine the characteristics of the dropouts in the Individual Therapy Study. This "dropout" study investigated the Hispanic client who applied for or had participated in individual therapy in the clinic, who was defined as a non-heroin drug user (heroin addiction was rare in the patient population) and who had dropped out of treatment.

The first 102 drug abusing cases admitted through the individual therapy study at the Little Havana Clinic were the subjects in this study. Most of them were Cubans by birth, and their age ranged from 12 to 60 years. Clients who unilaterally terminated anytime before their fourth therapy session without the staff's consent were classified as dropouts. The control group was comprised of those clients who remained for 10 sessions or more of therapy.

Results

An analysis of the data revealed that clients who were referred by agencies which had a "legal hold" on them tended to drop out significantly sooner than applicants coming from referral sources having no legal hold on them. Although more men than women were referred by the "legal hold" agencies, the men who came on their own were more likely to remain in treatment than their female counterparts. The analysis further revealed that for both men and women, greater admission of subjective distress led to greater probability of remaining in treatment, and that antisocial behavior led to dropping out. Finally, the Cuban males in this sample who experienced anxiety, distress, and suicidal feelings were more committed to remaining in treatment. The Cuban women who reported feeling social isolation tended to remain also. Many of these women were relatively isolated in their homes, tending primarily to house chores and their children. These women were most likely to remain in treatment because they may have found in psychotherapy an intense, emotionally charged, confiding relationship with a helping person.

Research on Cuban Mothers

Senior Researchers:
Jose Szapocznick, Ph.D.
Carrol Truss, Ph.D.

A third special problem that emerged during the course of the research conducted at the Center was the problem of the abuse of sedatives and tranquilizers by Cuban women in Miami. By the middle of the 1970's this problem was reaching epidemic proportions.

It was observed by the Center staff that the abuse of sedating drugs was most prevalent among middle-aged Cuban women with adolescent children. It was also observed that severe intergenerational conflict existed in the families of these women. A study was undertaken to investigate the relationship between the nature of intergenerational role conflict resolution by the mother and her drug abuse. The study was conceptualized in terms of role conflict in the sense that the mother exposed to intergenerational conflict usually experiences one set of mother role expectations from her culture, husband, parents, and herself, on one hand, and a different set of mother role expectations from her children, on the other hand.

It was hypothesized that certain characteristics of the mother (defined by the M-E dimension described below) may have been intimately related to her mode of intergenerational conflict resolution. It was also expected that these characteristics would interact with the existing level of intergenerational conflict, the intrafamilial consequences for the various modes of role conflict resolution, and finally with the level of abuse of sedating drugs.

The poles of the M-E dimension are defined as follows: M individuals are concerned with living by principles and with the rights of others to make demands

of them. This is the kind of individual who would give heavy weight to the correctness of issues, responding to internal rather than external sanctions. On the other hand, E individuals respond to the contingencies in the environment. This individual tends to give weight to external sanctions in her interactions. A scale was developed to operationalize the M-E dimension.

A sample of non-clinic subjects was employed in the major part of this study. These subjects were 110 white Cuban women who had at least one child between the ages of 12 and 24 years. The sample was chosen so as to include a large proportion of mothers with disrupted families, serious personal problems, or behavior problem adolescents.

Of the field sample of 110 Cuban mothers, 66 percent were using and/or abusing psychotropic drugs. Overall, the frequency of intergenerational conflicts reported was directly related to the mothers' M-E scores, so that E mothers had the highest number of conflicts and M mothers the lowest. The data revealed that the E mothers were solving their own role conflict by distancing themselves from their husbands and forming alliances with their rebellious adolescents. In family systems terms, these mothers were creating boundaries and alliances within the family in such a way that these family structural mechanisms served to separate the mother and her children from the husband. This structural family pattern was common in dysfunctional families seen at the Center. In the project's experience, in these families adolescent rebellious behavior usually includes illicit drug use.

In contrast to the behavior of E mothers, M mothers seemed to maintain their husbands' involvement in the resolution of child rearing issues, whether or not intergenerational conflict existed and regardless of the level of these conflicts. Hence M mothers confronted intergenerational conflict together with their husbands. Moreover, when intergenerational conflicts arose, M mothers did not forsake their children but functioned as cultural brokers or bridges between the parental demands on the children and the children's desires for more independence and individuality. It is probably this mode of role conflict resolution which is responsible for the low frequency of serious intergenerational conflicts in the families of M mothers. However, in the process of allying with their husbands and acting as bridges with their children, M mothers experienced a highly stressful situation. In fact, the results of the study indicated that the highest level of sedative and tranquilizer abuse in the sample of mothers investigated was found in the M mothers.

Apparently, when intergenerational conflicts occur, mothers can either (1) act to "save" themselves by allowing a dysfunctional family structural situation to emerge (E mothers) or (2) establish a functional family structural situation while experiencing high levels of stress as manifested by extremely high levels of sedative and tranquilizer abuse (M mothers).

Whereas data was not directly available on the drug abusing activity of these mothers' adolescent children, clinical and other research experience at the project suggests that E mothers are more likely than M mothers to have adolescent children who abuse illicit drugs.

Summary

The Spanish Drug Rehabilitation Research Project had successfully achieved all its objectives by 1977. The project had investigated: (1) the nature of the drug abuse problem of local Hispanics; (2) some of the etiological sources of drug abusing behavior that are specific to Hispanic immigrant populations; and (3) the treatment variables and their effectiveness.

The major achievement of the project, however, was the development of an effective mental health service delivery model for Hispanics, a model based on the notions of cultural relativity and sensitivity to ethnic diversity and which can successfully bridge the cultural gap which poses an obstacle to effective detection, client involvement, and treatment for Hispanics.

A Model Project for Enhancing Meaning of Life for Hispanic Elders

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With the completion of the Drug Rehabilitation Research Project, work at the Center shifted to the special needs of the Hispanic elderly of Dade County. In 1977 a Model Project for Enhancing Meaning of Life of Hispanic Elders was funded by the Administration on Aging. The Model Project attempted to address the unmet psychosocial-spiritual needs of Hispanic elders in Dade County, Florida, through the development, implementation, and evaluation of an innovative program specifically designed to enhance the meaningfulness and quality of life in this population. The project concept encompassed a new approach to mental health and supportive services delivery which recognized the implications that special psychological, cultural, social, historical, and language usage features have for assessing needs, developing service delivery resources, performing outreach and advocacy activities with an Hispanic community, and evaluating these services.

Client Characteristics

The clients in the progam are Hispanic elders, 62 years and over. Many are recent immigrants, mostly Cuban, but they also include other Latin American groups. Sources of referral to the program include community agencies, relatives and friends, and self-referrals.

Typical presenting complaints include depression and marital and family problems with the majority of clients displaying the lack of purpose and meaning that often accompanies the adjustment to late life in the United States. The client population could be described as typical of any mental health clinic except for two important aspects: (1) the clients are all over 62 years old and (2) because of their ethnicity and the specific circumstances of their lives in the United States, they all confront a series of culture-specific problems which are either the cause, the catalyst, or the exacerbator of the circumstances bringing the client in for help.

It is these characteristics that required a new, problem-specific model to be developed in order to reach, maintain, and effectively treat this population.

(continued on next page)

Special Needs of Hispanic Elders

The mental health of Hispanic elders is seriously threatened by the usual predicaments confronting older citizens plus many other disadvantages and complications that arise from their special status as forced immigrants and Hispanic minority group members.

Social isolation and loneliness, loss of country, loss of status, and the effects of transplantation are complications which would not have happened to these immigrant elders had they stayed in their country of origin. A failure to assimilate results from the lack of knowledge of the language and U.S. ways, and reinforces the feelings of social isolation and loneliness. The effects of transplantation in older people—depression, withdrawal, and other passive behavior—are counterproductive in facilitating a better adjustment to a foreign land. All of these interrelated sources of psychosocial stress work together to threaten the mental health of the Hispanic elderly, and especially of the overwhelming majority of Cuban immigrant elders. Exposure to these stresses results in anxiety, depression, withdrawal, despair, meaninglessness, anomie, and a loss of a sense of purpose in life.

The differential rates of acculturation across generations of Cuban family members represent another threat to mental health and psychosocial adjustment among the immigrant elderly. The findings from our acculturation research, taken in the context of a wealth of clinical experience with Cuban families with elderly members, suggest that intrafamily differences in acculturation lead to the disruption of the nuclear and extended family. Experience also reveals that this familiar disruption is an important etiological source of despair, depression, and feelings of meaninglessness and purposelessness in elderly persons. These problems become exacerbated when supporting systems other than the family are not available, either because the elder is unable to seek other alternatives, or because community support systems do not exist in sufficient quantity, or because existing social programs discourage, through culturally insensitive institutional policies, their use by Hispanic elders.

For many elderly persons, the expectation of a respected and dignified role within the extended family was a major source of meaning. They had expected that in their sunset years they would be the ultimate authority figure and major contributors to their family's well-being. However, intergenerational differences in acculturation have accelerated the disruption of the nuclear and extended families and caused these elders to become isolated from their children and grandchildren. What was once a valued role for the elder is now considered by their modern Americanized children and grandchildren as interference in their internal affairs. Furthermore, because of the many additional stresses that exile has brought on older persons, they have become a burden to their families rather than a source of support.

Among Hispanics, the extended family has always been a major strength. Now, however, because of the intergenerational differential rates of acculturation in Hispanic families in Dade County, the extended family has become a focus of stress and disruption. Recognizing the role of the family in the problems of the elderly and in the solution of these problems, our counseling services for life enhancement carefully examine relationships within the families of our elderly clients aiming to alleviate the stresses produced by intergenerational differences and, whenever possible, restore the family as a source of meaning for the elderly.

Treatment Model

A modification of the Family Therapy described earlier was developed as a service delivery model of choice for the Cuban elderly based on the notion that Cubans prefer to function within hierarchical relationships (parent/child, doctor/patient), are present-oriented (crisis, problem-solving), and do not transact effectively with extrafamilial environment systems. Moreover, lack of knowledge of English and the U.S. social service delivery system makes it difficult for Cuban elders to transact effectively with much needed sources of social support. An ecological service delivery model facilitates for the elderly person the use of new and alternative modalities of transactions within the extended family and with the extrafamilial milieu.

Within the framework of ecological theory, behavior that is meaningless is maintained and supported to some extent by the total ecology, either through actual suppression of meaningful behavior, or by the unavailability of opportunities for meaningful behavior. According to this theory, the responsibility for the lack of meaning in a person's life is shared by the total ecology of which the elderly person is an integral part.

In order to meet the special needs of Hispanic elders, an ecologically oriented counseling approach, called "Life Enhancement Counseling," was developed for the project.

Life Enhancement Counseling

The life enhancement model aims primarily at developing strengths within individuals and their life contexts through treatment interventions that increase the meaningfulness of their lives. It is stipulated that the particular expression of meaning in each person's life is encompassed within that person's total experience, past and present. Furthermore, for the past to be a source of meaning in the present, the present must be characterized by two qualities: (a) an acceptance and integration of past experiences and (b) current transactions that are fulfilling. As acceptance and integration are brought to unresolved feelings about past events, the meaning of past experiences gains clarity and areas of meaningfulness emerge. On the other hand, for the present experience to be meaningful, current interactions and transactions must be valued and fulfilling.

Another basic tenet of this model is that by the time the person has reached an advanced age what is fulfilling and how fulfillment and meaning can be obtained has been established. Therefore, it is assumed that the definitions of meaningfulness for each elderly person can be found within that person's past history. For this reason, the procedure described below as life review is employed to identify meaningful themes in each elderly person's life.

Life Review

The counselor using interviewing techniques and clinical methods, reviews with the elder his/her life. The emphasis is on identifying events, incidents, relationships, strengths or periods in the elder's life that were filled with meaning. Clinical techniques are used, as appropriate, "to bring to life" these meaningful life segments, creating a here-and-now experience around them. However, for

many despairing elderly persons, the meaningfulness of their past history may be stored behind a wall of unresolved negative feelings. In these cases, clinical techniques are employed to facilitate acceptance of these feelings and events in order to achieve ego integrity. Only then is it possible for meaning to emerge from a life review.

Throughout the life review, the counselor listens for features of these experiences that reflect the elder's values and definition of meaning. Later the counselor attempts to recreate in the present meaningful experiences based on definitions unique to the elder and identified through the life review.

Ecological Review and Intervention

Following or concurrent with the life review process, a review of the elder's current ecological situation is also conducted. Its purpose is to identify: (1) environmental sources of stress and (2) the resources that are available to each person, with the objective of ascertaining the ecological possibilities of effecting current life experiences that are meaningful.

An ecological systems evaluation identifies the relevant psychosocial-spiritual sytems affecting or available to the elderly client. It specifies the source of meaninglessness with respect to the person's own definition of meaning by evaluating what the different systems do, how they contribute to the maintenance of meaningless behavior, and how they may encourage meaningful behavior. Meaningful experiences can arise from interactions in a person's immediate and extended life context. Experience becomes stagnant when the client's behavior with respect to his environment occurs in rigid patterns of interactions. A new experience can be created for the client by changing the patterns of interaction between the client and the environment through ecological interventions.

In general, the basic notions of ecological theory acquire their greatest impact with the family as an ecological system. The family clearly constitutes the most relevant system impacting on an Hispanic elder. Therefore, whenever possible, the family is engaged and involved in ecological interventions. In the ecological model of service delivery, the focus of attention is in the process of feedback between circumstances and the persons involved. Because it is assumed that a shift in the position of a person with respect to his circumstances leads to a shift of his experiences, therapeutic intervention seeks to create new and alternative patterns of transactions. There is an attempt to create the kinds of ecological and familial conditions that will reinforce the new patterns of transactions so that the elder learns new and more effective ways of dealing with the environment.

The broadening focus implied by this approach affects every aspect of therapy. Starting with the diagnostic implications, we see that a diagnosis is no longer a nonevolving label, fixed, or static. Furthermore, it includes implications for intervention. For example, the frequently found diagnosis in an elderly person of "depressed" implies only that the person should stop feeling and behaving depressed and gives no clues as to how this can be achieved. On the other hand, the observation that an elderly person who is depressed is responding to feelings of neglect by the extended family, to family intergenerational cultural differences, to the loss of friends, possessions, and native country, to the experience of a new, unknown, and not well understood environment, to the lack of social support systems—all provide a wide field of promising therapeutic interventions.

Community Services

Proceeding from its ecological orientation, the Project seeks not only to attract clients to itself but also to ensure that these as well as other Hispanic consumers obtain the additional services they require in order to function effectively within their environments. Because the literature and our own experience indicate that human service programs are underutilized by the Hispanic minority, the Project attempts to build a communication bridge between persons in need of services and service organizations. This process takes two routes: (1) communication with prospective consumers, and (2) sensitization of providers so that they may become accessible to and transact more effectively and sensitively with Hispanic persons.

The focus in this area is on developing community awareness of the mental health needs of the Hispanic elderly. Community awareness includes educating the community about the special needs of the elderly and creating a readiness in the community to accept and actively seek a more meaningful life style for the Hispanic elderly. Community outreach under these services includes creating an awareness of the services to be provided; establishing coordinated relationships with other senior centers, community activity centers, churches, and other community groups for the purpose of enhancing existing opportunities, or creating new ones for Hispanic elders to improve their quality of life.

Evaluation and Research

There appears to be a relative dearth of data on the special needs of minority elderly, the scope of their problems, and the reasons for their underutilization of services. Further, the experiences of those few projects oriented to minority elders indicate that each population is different in terms of problems and strategies for approach. Therefore, the Project aims to develop a data base on its Hispanic elderly clients through its evaluation procedure.

Two different evaluation procedures are employed in this project. One of these procedures is referred to as an internal evaluation of direct services. This evaluation measures outcome changes related to the effectiveness of the Life Enhancement Counseling. The internal evaluation procedure consists of obtaining a series of pre/post outcome measures on all clients admitted and served through the Counseling Services.

A second evaluation methodology referred to as external evaluation is also used. External evaluation is established as an auditing procedure for the entire project. In addition, it conducts an evaluation of community services and provides feedback on the overall project for purposes of program development.

Preliminary Research Findings

Although the model project is still in the data collection stage, there are some preliminary findings that indicate that the project is achieving its objectives. The project as a whole has provided some type of direct service to at least 154 clients during the first 16 months of operation. A total of 101 clients have engaged in treatment and of this number 54 have already completed treatment. Analysis of client functioning before and after treat-

ment indicates that statistically significant improvements took place in all areas of impairment under treatment. There was also a significant reduction in subjective distress reported by the clients. Further evidence for the effectiveness of Life Enhancement Counseling can be found in the comparison between the project's rate of successfully terminated clients and dropouts with that of other mental health programs in Dade County for which these statistics are available. While the dropout rate in Life Enhancement Counseling is only 10 percent, it is 46 percent in other mental health programs in Dade County. By the same token, the project's successfully terminated rate is 50 percent while that of the other mental health programs is only 15 percent.

The Center: Present Status and Future Trends

When the Spanish Family Guidance Center began operation in 1972, the Greater Miami/Dade County area was without adequate treatment services for Hispanics in the areas of alcohol, drug abuse, and mental health. As the Center grew, we developed and implemented culturally sensitive treatment programs for the Hispanic population. The success of these programs served as a stimulus for other human services agencies to provide more culturally sensitive services. Similarly, in 1977 no treatment services were available for Hispanic elders. The success of the Aging Model Project has helped the development of several programs to address the needs of this population.

While the Center has been successful in achieving its past goals, there are three major new trends for the future direction of the Center. The first involves an extension of the central acculturation model to include the concept of biculturalism and the specific needs of a bicultural community. The goal is to develop an early intervention/prevention model aimed at enhancing biculturalism in Hispanic family members as a method of counteracting the disruptive effects of the acculturation/adaptation process in the family system. Second, the Center has been shifting its emphasis from treatment models to early intervention and, most recently, prevention. A research project has been recently funded by the National Institute on Drug Abuse to develop and implement an early intervention model, the Brief Strategic Family Therapy, to treat drug abusing adolescents and their families. Finally, plans to initiate mental health education and training programs at the graduate level are currently being developed. The goal of these programs will be to address two of the major needs of our community: to sensitize mental health professionals working with Hispanics and to train Hispanic professionals.

HISPANIC RESEARCH CENTER: RESEARCH BULLETIN

This issue of the bulletin was prepared by the staff of the Spanish Family Guidance Center of Miami. We wish to give particular thanks to Drs. Jose Szapocznik, David Santisteban, and William Kurtines for their cooperation. Letters of inquiry should be sent to Dr. Jose Szapocznik, Spanish Family Guidance Center, 747 Ponce de Leon Blvd., Suite 303, Coral Gables, Florida, 33134.

The HRC is directed by Dr. Lloyd H. Rogler, Albert Schweitzer Professor in Humanities at Fordham University. The HRC operates under a research grant (1 R01 MH 30569-03) from the Minority Group Center of the National Institute of Mental Health.

The Research Bulletin invites comments and news items from its readers. Let us know what topics you would like to see in future issues. Address correspondence to: Stasia Madrigal, Editor, Hispanic Research Center, Fordham University, Thebaud Hall, Bronx, New York 10458. Telephone: (212) 933-2233.

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